

11/16/01

11-23-01

PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box -

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

No. PCS10382ARTB

First Named Inventor or Application Identifier

Mitradev Boolell

Title Treatment of Premature Ejaculation

Express Mail Label No. EL911725022 US

EL911725022 US

**Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 29]	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference in Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 11.3)[Total sheets]	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 2]	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement Power of Atto
<ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d) and 1.33(b). 	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	10. <input type="checkbox"/> English Translation Document (if applicable)
	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
	12. <input type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input type="checkbox"/> *Small Entity Statement(s) Statement filed in prior applic (PTO/SB/09-12) Status still proper and desired
	15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	14. <input type="checkbox"/> Other: Priority Claim

***NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

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City		Groton	State	CT	Zip Cod	06340
Country		United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221
NAME (Print/type)		Robert T. Barker		Registration No. (Attorney/Agent)	41,597	
Date		11/16/01		Date	11/16/01	

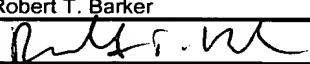
FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2001.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$710.00)

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																														
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